

Informed Consent for Physician-Patient Electronic Communication

I, _____, agree to the use of electronic communication, including electronic-mail, in my interactions with Dr. Todd S. Cox. In terms of this form of communication with Dr. Cox, I understand and agree with the AMA Guidelines (H-478.997) as outlined below, with 'physician' referring to Dr. Cox and 'patient' referring to myself:

“New communication technologies must never replace the crucial interpersonal contacts that are the very basis of the patient-physician relationship. Rather, electronic mail and other forms of Internet communication should be used to enhance such contacts. Patient-physician electronic mail is defined as computer-based communication between physicians and patients within a professional relationship, in which the physician has taken on an explicit measure of responsibility for the patient’s care.”

I agree to the following highlighted items in relation to any electronic communication with Dr. Cox (as suggested in the AMA Communication and Medicolegal and Administrative Guidelines) (H-478.997) as well as those items outlined in the H-478.997 Guidelines.

- Although e-mail will be reviewed regularly by Dr. Cox, it will not be utilized for urgent matters or emergency situations.
- E-mail will serve only as an adjunct to regular appointments and verbal communication.
- Every effort will be made to secure patient privacy. I understand that as far as Dr. Cox is aware, he is the only individual capable of accessing the e-mail messages, as his e-mail and computer are password protected. Dr. Cox will not forward patient-identifiable information to a third party without my express permission. Dr. Cox will never use my e-mail address in a marketing scheme. Dr. Cox will not share the professional e-mail account with family members. Dr. Cox will not use unencrypted wireless communications with patient-identifiable information. Dr. Cox will double-check all “To” fields prior to sending messages.
- Dr. Cox (Todd S. Cox, MD PLLC) is not responsible for any tampering, interference, or unauthorized activity involving this electronic communication.
- Dr. Cox (Todd S. Cox, MD PLLC) is not responsible for information loss due to technical failures.
- I waive encryption requirement.
- Whenever possible and appropriate, Dr. Cox will retain electronic and/or paper copies of e-mail communications with patients.
- E-mail communications will be restricted to prescription refill requests, appointment logistics (scheduling, billing), and medical information of brief nature. I understand that e-mail communication will not be an appropriate venue for sensitive subject matter.
- I understand that phone calls and office visits are the preferred mode of communication and that every effort will be made to utilize these forms of communication in lieu of e-mail communication.
- I understand that e-mail messages should be concise and infrequent.
- I will put the category of transaction in the subject line of the message: prescription, appointment, billing, etc.
- I will put my name and additional identifying information in each message.
- I will acknowledge receipt and reading of Dr. Cox’s e-mail communication through a return message (or autoreply).
- I understand that Dr. Cox may terminate e-mail as a mode of communicating with me at any time he deems appropriate.
- The policies and procedures for e-mail may be applied to facsimile communications, where and when appropriate.

I have received, reviewed, and agree with the content of this consent as well as the American Medical Association H-478.997 Guidelines for Patient-Physician Electronic Mail.

Patient Signature

Patient Name

Date

Todd S. Cox, MD, PLLC

Date